

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE

RAUL O. MARCO LABOY

DEBTOR

CASE: 17-03174 BKT

CHAPTER 13

MOTION AMENDING SCHEDULE I

TO THE HONORABLE COURT:

COMES NOW Debtor represented by his undersigned attorney,
and very respectfully states and prays:

1. Debtor is amending his Schedule I to correct family
contribution to debtor's expenses.

2. Therefore, debtor's schedule I is hereby amended and filed.

WHEREFORE, debtor very respectfully requests this Honorable
Court to allow the amended Schedule I in substitution of the one
previously filed.

NOTICE TO CREDITORS AND PARTIES IN INTEREST

Notice is hereby given to all creditors and parties in
interest that debtor has filed a motion amending Schedule I.

Any party that has been served this document or any other
party who objects to the relief or remedy pursued herein, shall
file and serve an opposition or a suitable response to this
document in the Clerk's office of the U.S. Bankruptcy Court for
the District of Puerto Rico within fourteen (14) days after
service as evidenced by the certification, and an additional
three (3) days pursuant to Fed. R. Bank. P. (9006)(f) if you
were served by mail. If no objection or other document is filed
within the time allowed herein, the objection will be deemed

unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise. If you file a timely response, the court may-in its discretion-schedule a hearing.

RESPECTFULLY SUBMITTED.

In San Juan, Puerto Rico, this June 28, 2017.

I HEREBY CERTIFY that on this same date I electronically filed the foregoing through the CM/ECF system, which will send notification of such to the U.S. Trustee and the parties therein registered to receive notice.

/s/ BEATRIZ HERNÁNDEZ TORO

USC #: 228809

Attorney for Debtors

BEATRIZ HERNÁNDEZ TORO LAW

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Fill in this information to identify your case:

Debtor 1 RAUL OSCAR MARCO LABOY

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number 17-03174-BKT
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status*

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
- ☐ Not employed

See Schedule Attached

Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

How long employed there?

*See Attachment for Additional Employment Information

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 1,357.98 \$ N/A

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ N/A

4. Calculate gross income. Add line 2 + line 3.

4. \$ 1,357.98 \$ N/A

Debtor 1 **MARCO LABOY, RAUL OSCAR**

Case number (if known) **17-03174-BKT**

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ <u>1,357.98</u>	\$ <u>N/A</u>	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>67.56</u>	\$ <u>N/A</u>	
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ <u>N/A</u>	
5c. Voluntary contributions for retirement plans	5c. \$ <u>0.00</u>	\$ <u>N/A</u>	
5d. Required repayments of retirement fund loans	5d. \$ <u>0.00</u>	\$ <u>N/A</u>	
5e. Insurance	5e. \$ <u>0.00</u>	\$ <u>N/A</u>	
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ <u>N/A</u>	
5g. Union dues	5g. \$ <u>0.00</u>	\$ <u>N/A</u>	
5h. Other deductions. Specify: _____	5h. \$ <u>0.00</u>	\$ <u>N/A</u>	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <u>67.56</u>	\$ <u>N/A</u>	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>1,290.42</u>	\$ <u>N/A</u>	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>0.00</u>	\$ <u>N/A</u>	
8b. Interest and dividends	8b. \$ <u>0.00</u>	\$ <u>N/A</u>	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u>0.00</u>	\$ <u>N/A</u>	
8d. Unemployment compensation	8d. \$ <u>0.00</u>	\$ <u>N/A</u>	
8e. Social Security	8e. \$ <u>0.00</u>	\$ <u>N/A</u>	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <u>0.00</u>	\$ <u>N/A</u>	
8g. Pension or retirement income	8g. \$ <u>0.00</u>	\$ <u>N/A</u>	
8h. Other monthly income. Specify: REGULAR FAMILY CONTRIBUTIONS TO DEBTOR'S EXPENSES	8h. \$ <u>1,217.66</u>	\$ <u>N/A</u>	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <u>1,217.66</u>	\$ <u>N/A</u>	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>2,508.08</u> + \$ <u>N/A</u> = \$ <u>2,508.08</u>		
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		11. +\$ <u>0.00</u>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		12. \$ <u>2,508.08</u>	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: _____			

Debtor 1 MARCO LABOY, RAUL OSCAR

Case number (if known) 17-03174-BKT

Official Form B 6I
Attachment for Additional Employment Information

Debtor	
Occupation	PERSONAL TRAINER & COACH
Name of Employer	HCOA FITNESS CAGUAS
How long employed	2 months
Address of Employer	CARR. 1 KM 33.3 AVE ANGORA CAGUAS, PR 00725

Debtor	
Occupation	PERSONAL TRAINER
Name of Employer	LIV FITNESS CLUB
How long employed	4 months
Address of Employer	CLL PARKSIDE 2 GUAYNABO, PR 00969

Debtor	
Occupation	MOTIVATIONAL SPEAKER/ADVOCATE
Name of Employer	TEVA - SHARED SOLUTIONS ADVOCATE
How long employed	2 years
Address of Employer	KANSAS CITY, KS

☐ Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

Sign Below

Date _____